

Meal Substitutions for Medical or Special Dietary Reasons

Purpose:

This instruction sets forth the policy for food substitutions and other modifications in the meal patterns necessary to meet the dietary requirements of School Nutrition Program (SNP) participants with handicaps and other special dietary needs.

Scope:

Sponsors participating in the Child and Adult Care Food Program (CACFP), National School Lunch Program (NSLP), and/or School Breakfast Program (SBP).

Definitions:

A handicapped child, as defined in 7 CFR Part 15b.3(i), as any person who has, "...a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment." (See Exhibit A)

Major life activities are defined in 7 CFR 15b.3(k) as, "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working."

Description:

Schools, institutions, and sponsors are required to make substitutions or modifications to the meal patterns for those handicapped children who are unable to consume the meals offered.

Determinations of whether or not a participant has a handicap which restricts his or her diet are to be made on an individual basis by a licensed physician. The physician's medical statement of the participant's handicap must be based on the regulatory criteria for handicapped person defined in 7 CFR Part 15b.3(i) and contain a finding that the handicap restricts the participant's diet. In those cases in which the school food authority, institution, or sponsor has consulted with the physician issuing the statement and is still unclear whether the medical statement meets the regulatory criteria, the school food authority, institution, or sponsor may consult the State Agency.

Food service personnel are not to make the determination of whether a child is handicapped as defined above. Food service personnel shall accept either the certification of the official of the school, institution, or sponsor who classifies students as handicapped

or the certification of a physician that an individual student is handicapped, as defined above.

On a case-by-case basis, a handicapped child shall be provided substitutions or modifications in foods only when supported by a statement signed by a licensed physician. The supporting statement shall identify:

1. The individual's handicap and an explanation of why the handicap restricts the child's diet;
2. The major life activity affected by the handicap; and
3. The food or foods to be modified or omitted from the child's diet and the food or choice of foods that may be substituted.

If the handicap would require caloric modifications or the substitution of a liquid nutritive formula, this information must be included in the statement. If the handicapped participant requires only textural modification(s) to the regular program meal, as opposed to a meal pattern modification, the medical statement is recommended but not required. In such cases, the purpose of the statement is to assist the school food authority, institution, or sponsor in providing the appropriate textural modification(s). Unless otherwise specified by the physician, the meals modified for texture will consist only of food items and quantities specified in the regular menus. School food authorities, institutions, and sponsors should use the services of a Registered Dietitian to assist in implementing the medical statement.

Sponsors should provide parents or guardians with the pertinent section of 7 CFR Part 15b (see exhibit A) upon request so that their physician may correctly assess whether an individual child's handicap meets the regulatory criteria.

Generally, children with food allergies/intolerance or obese participants are not handicapped persons as defined above, and school food authorities, institutions, and sponsors are not required to make substitutions for them. If the physician's assessment for food allergies may result in severe life-threatening reactions (anaphylactic reactions) or the obesity is severe enough to substantially limit a major life activity, the participant then meets the definition of a handicapped person, and the food service personnel must make the substitutions prescribed by the physician.

Participants with other Special Dietary Needs:

Schools, institutions, or sponsors may, at their discretion, make substitutions for individual children who are not handicapped persons as defined in 7 CFR Part 15b.3(i) but who are unable to consume a food item because of medical or other special dietary needs. Such substitutions may only be made on a case-by-case basis when supported by a current statement signed by a recognized medical authority. In these cases, recognized medical authorities may include physicians, physician assistants, nurse practitioners, or

Registered Dietitians. For these non-handicapped participants, the supporting statement must include:

1. An identification of the medical or other special dietary need which restricts the child's diet; and
2. The food or foods to be omitted from the child's diet, and the food or choice of foods that may be substituted.

School food authorities, institutions, and sponsors are not required to make substitutions for participants whose conditions do not meet the definition of handicapped person in 7 CFR 15b.3(i). For example, individuals who are overweight or have elevated blood cholesterol generally do not meet the definition of handicapped person, and thus school food authorities, institutions, and sponsors are not required to make meal substitutions for them. In most cases, the special dietary needs of non-handicapped participants may be managed within the normal program meal service.

Reimbursement:

Reimbursement for meals served with an authorized substitution food to handicapped participants or to participants with other special dietary needs shall be claimed at the same reimbursement rate as meals which meet the meal pattern. Furthermore, there shall not be a supplementary charge for the substituted food item(s) to either a handicapped participant or to a participant with other special dietary needs. 7 CFR 15b.26(d)(1) specifies that in providing food services, recipients of federal financial assistance "may not discriminate on the basis of handicap" and "shall service special meals, at no extra charge, to students whose handicap restrict their diet." While any additional costs for substituted foods are considered allowable program costs, no additional Child Nutrition Program reimbursement is available. Sources of supplemental funding may include special education funds (if the substituted food is specified in the child's individualized education program); the general account of the school food authority, institution, or sponsor; or, for school food authorities, the nonprofit school service account.

Accessibility:

7 CFR 15b.26(d)(2) states, "Where existing food service facilities are not completely accessible and usable, recipients may provide aids or use other equally effective methods to serve food to handicapped persons." The school food authority, institution, or sponsor is responsible for the accessibility of food service sites and for ensuring the provision of aides where needed. As with additional costs for substituted foods, any additional costs for adaptive feeding equipment or for aides are considered allowable costs. However, no additional Child Nutrition Program reimbursement is available. 7 CFR 15b.26(d)(2) further provides that recipients provide all food services in the most integrated setting appropriate to the needs of the handicapped persons as required by 7 CFR 15b.23(b). That section requires Program recipients to ensure that handicapped

persons participate with non-handicapped persons to the maximum extent appropriate to the needs of the handicapped person in question.

Cooperation:

When implementing the guidelines of this instruction, food service personnel should work closely with the parent(s) or responsible family member(s) and with all other school, child care, medical, and community personnel who are responsible for the health, well-being, and education of participants with handicaps or with other special dietary needs to ensure that reasonable accommodations are made to allow such individual's participation in the meal service. This cooperation is particularly important when accommodating children whose handicapping conditions require significant modifications or personal assistance.

Exhibit A

7 CFR Part 15b

- (i) "Handicapped person" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such impairment.
- (ii) "Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary; hemic and lymphatic skin, and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy, muscular dystrophy; multiple sclerosis, cancer, heart disease, diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- (iii) "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

SOURCE: FNS INSTRUCTION 783-2, REV. 2, DATED NOVEMBER 3, 1994, UNITED STATES DEPARTMENT OF AGRICULTURE, FOOD AND NUTRITION SERVICES.